

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

Reset Form

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

### For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa. 52641
	(319) 385-7231 City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	
Email Address	nathanbeattie@iowa.gov
City, State, Zip (if different from above)	Ext. 2371
Area Code & Telephone Number (if different from above)	

### DONOR OF GIFT, BEQUEST, OR GRANT:

V.F.W. of Mt. Pleasant	
Name	
Mailing Address	806 E. Monroe, Mt. Pleasant, Ia
	(319) 385-2337 City, State, Zip Code 52641
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	Oct. 22
Amount/Value*	\$ 25.00
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Cash for Halloween party

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

B-

### Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
 Signature

Nov 7, 2007  
 Date

Revised 06/05

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2007 NOV 13 AM 9:11  
EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office	Clarinda, IA 51632
Rev 335	City, State, Zip Code
Mailing Address	
712-542-2161	
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Joyce Smith	
Name	
Mailing Address	Clarinda, IA 51632
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/07	\$ 70.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof.

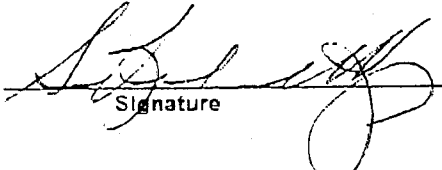
Shoes for patients

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
Signature

11/12/07

Date

Revised 06/05

IOWA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD

2007 NOV 13 AM 9:01

EAST 12<sup>TH</sup>, SUITE 1A  
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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office Box 328	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.Rehwaldt.Hays@iowa.gov	City, State, Zip (if different from above) 712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Sue Rehwaldt Hays	
Name	
Mailing Address	Clarinda, IA 51632
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

10/07	\$ 5.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof:

Clothing for residents

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/12/07

Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa 52641
	(319) 385-7251
Area Code & Telephone No.	

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie@iowa.gov	Ext. 2371
Email Address	Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Walmart	
Name	
Mailing Address	1045 N. Grand Mt. Pleasant, Ia
	(319) 385-8600 52641
Area Code & Telephone Number	
Email Address (optional)	

Nov 5	\$ 2500
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Walmart Gift Card

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Nathan Beattie affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Nathan Beattie  
Signature

11/7/07  
Date

Revised 06/05

**IA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
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**DES MOINES, IA 50319**  
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Clarinda MHI	
Name of Department or Office	Clarinda, IA 51632
Box 338	City, State, Zip Code
Mailing Address	
712-542-2161	
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Joanna Baker	
Name	
Mailing Address	Clarinda, IA 51632
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/07	\$ 5.00
Date of Gift, Bequest, or Grant	Amount/Value*
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Provide a description of the gift, bequest, or grant and purpose thereof:

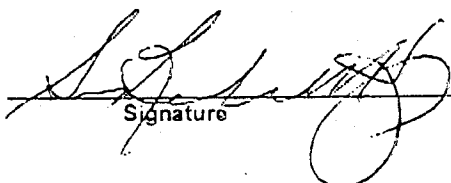
Clothing for patients

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**Statement of Affirmation:**

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 Signature

11/12/07

Date